

# Field Trip Permission Form

Date		Time	
Location			
Cost			
Transportation	<b>Private vehicles</b>		
Notes			



**PLEASE WRITE LEGIBLY**

I give permission for my  
Student: \_\_\_\_\_

to attend the field trip to: \_\_\_\_\_ on: \_\_\_\_\_ (date)

from: \_\_\_\_\_ **a.m.** to: \_\_\_\_\_ **a.m.**  
**p.m.** **p.m.**

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*YES! I CAN DRIVE!! I have clearance from the school office as a field trip driver and can take \_\_\_\_\_ students in my vehicle.**